

NH MEDICAL CONTROL BOARD

**Richard M. Flynn Fire Academy
222 Sheep Davis Road
Concord, NH**

MINUTES OF MEETING

January 19, 2006

Members Present: Donavon Albertson, MD; Tom D'Aprix, MD; Frank Hubbell, DO; Patrick Lanzetta, MD; Joseph Mastromarino, MD; Douglas McVicar, MD; Sue Prentiss, Bureau Chief; Norman Yanofsky, MD

Members Absent: Chris Fore, MD; Jeff Johnson, MD; Jim Martin, MD; Joseph Sabato, MD; William Siegart, DO; John Sutton, MD

Guests: Doug Martin, Stephanie Dornsife, David Hogan, William Thorpe, JR, Dave Dubey, Jonathan Dubey, Jeff Stone, Michael Pepin,

Bureau Staff: Vicki Blanchard, ALS Coordinator, Liza Burrill, Education Coordinator; Kathy Doolan, Field Services Coordinator; Clay Odell, Trauma Coordinator; Fred von Recklinghausen, Research Coordinator.

CALL TO ORDER

Item 1. The meeting of the NH Medical Control Board (MCB) was called to order by Chairman McVicar on January 19, 2006 at the Richard M. Flynn Fire Academy in Concord, NH at 09:10 AM.

ACCEPTANCE OF MINUTES

Item 1. November 19, 2005 Minutes were previously approved via email.

DISCUSSION AND ACTION PROJECTS

Item 1. RSI Data Collection - Fred von Recklinghausen

Von Recklinghausen performed a data search of all cases in TEMSIS where both intubation and succinylcholine chloride (Anectine) were charted. The data in the system to date revealed 156-intubation with 13 of those receiving succinylcholine chloride.

McVicar posed the questions, "Are we developing an assessment form?" and "Are we interested in outcome and in comparing outcomes in matched intubation patients who did not receive RSI?"

There was a lengthy discussion concerning what data needed to be collected, how the data would be analyzed and what -- if any -- conclusions we might be able to reach based on the small number of cases we can expect to have.

At the conclusion of the discussion, the board agreed to have von Recklinghausen collect data on "non-arrested" patients who had an initial failed first intubation attempt by a paramedic, both RSI and non-RSI.

Item 2. AHA Guidelines

Members all have received by email a summary of changes appearing in the 2005 ACLS guidelines, which were released after our November meeting. At this meeting the complete *2005 AHA Guidelines for CPR and ECC* as published in *Circulation* 13 December 2005 was distributed on CD.

Last week Albertson met with the protocol subcommittee who suggested the following statement be approved by the Medical Control Board and forwarded to the NH EMS Community, "The Medical Control Board recommends the use of the 2005 AHA BLS Guidelines as providers become trained."

McVicar noted that if the MCB wanted to put the 2005 Guidelines into protocol, a window was open, as the protocols still have not legally been adopted as rule.

Prentiss commented that the draft rules were at legal council. D'Aprix commented that the MCB should not keep changing the protocols. Several members stated agreement on this point, and raised the question of just how significant an impact the 2005 guidelines would have on the protocols, and on patient care.

The major thrusts of the 2005 guidelines affect CPR. Our BLS protocols do not stipulate parameters for CPR, so would require little change. Certain ALS changes will be needed, including a change in the symptomatic bradycardia protocol and the shock and CPR sequencing.

Prentiss proposed putting together a comprehensive study of the protocols and all areas where changes are needed to be in compliance with the 2005 Guidelines. This could be completed in time for a future meeting, probably the March 2006 meeting, but obviously could not be done on the spot.

D'Aprix predicted that there will be confusion if the MCB does not provide some guidance for providers and trainers. The group discussed what a guidance letter should say. One suggestion was that the letter should waive the protocols in favor of the 2005 guidelines. In this case there would be a period of time where two standards would be out in the EMS community, while everyone received the update in their training.

McVicar pointed out that the MCB does not have the legal authority to tell providers to not follow protocol.

Discussion continued, including the need to be practical, and the fact that 2005 Guideline changes are marginal ones, lacking emergent lifesaving value. At the conclusion of the discussion it was decided to not change the NH Patient Care

Protocols until the next edition appears in January 2007. McVicar will draft a letter for distribution to the EMS Community addressing the AHA changes. The draft letter will be circulated via email to the Medical Control Board members for approval before it is distributed.

Item 3 Time Table for the 2007 Protocols

Albertson reported that the Protocol Subcommittee reconvened on January 13, 2006. At this meeting the group broke up tasks into subgroups for further development.

Updates expected in the 2007 Edition include:

- Protocol Formatting
- Customization
- Rollouts
- Content Review – e.g. Peds, Neonatal resuscitation, AHA/ACLS 2005
- Inter-facility Transfers
- Prerequisites

The subcommittee will be meeting every two months, with the goal of presenting a mature product at the July 2006 Medical Control Board meeting.

The Coordinating Board is working on an “Enhanced First Responder” level of licensure. If their work may require any protocol development or changes, they need to notify MCB and the Protocols Subcommittee before July. We will point this out to them at the CB meeting this afternoon.

Item 4 Medical Control Roundtable Recap

McVicar reported that nineteen physicians attended the ACEP and MCB roundtable dinner held on January 11, 2006 at the Manchester Country Club.

Due to the large amount of discussion, all of which was interesting and relevant, only a few topics could be discussed formally, although undoubtedly much more was discussed in informal groups both before and after the main meeting. Formal discussions covered RSI, prehospital use of thrombolytics and 12 lead ECGs. There was overall support of the prehospital thrombolytic therapy in areas where applicable. However a “Catch 22” presented itself since in urban areas medical directors were focused on cutting door-to-balloon times and thrombolysis was seldom used, but in rural areas, where most present seemed to agree that pre-hospital thrombolysis might have survival value, poor radio communication, and lack of volume on the part of ALS squads made the procedure problematic.

One of the primary purposes of the meeting was to get input from physicians based in hospitals not represented on the MCB. The co-sponsorship with ACEP was very helpful achieving this. The entire group -- those responding to invitation from ACEP and those responding to invitation from the MCB -- was extremely supportive of HB257 and statewide protocols. A number of doctors spoke on the subject of TEMSIS, and all expressed strong approval.

Finally the group agreed that an annual meeting of this nature would be beneficial.

III. INCUBATING PROJECTS & SUBCOMMITTEE REPORTS

Item 1. ACEP - Sabato absent and no additional report

Yanofsky commented on the recent ACEP "National Report Card on the State of Emergency Medicine", which was widely released through the media. Yanofsky pointed out apparent errors in ACEP's review. For example the "Report Card" states that 0% of the NH population has access to ALS ambulances. Prentiss replied that our data show 83.1% of NH citizens have access to an ALS ambulance. The error may have been due to a methodological problem as the ACEP survey asked for ALS vs. BLS services, whereas NH licenses "transporting" and "non-transporting" services. It is hoped that this and a few other problems will soon be corrected as BEMS and NH Health and Human Services is working with ACEP to draft a response letter.

Item 2. Bureau Report - Prentiss reported (see attached)

Item 3. Intersection Project - No report.

Item 4. NH Trauma System - Clay O'Dell

O'Dell reported that on November 30, 2005 the 5th Annual NH Trauma Conference was held, with a standing room only turnout. The theme was "Performance Improvement for Trauma Teams." Since the conference, effort has been spent exploring possible grant funds and/or combining resources for obtaining access to a human simulator for a rural trauma team development program.

Item 5. TEMSIS - Fred von Recklinghausen

Von Recklinghausen reported all areas have now received TEMSIS training, however not all services have begun reporting. As of today there were 20,000 runs in the TEMSIS system and it is anticipated that in 6 - 9 months we would be averaging 10,000 runs per month.

February 7, 2006 there will be a "Report Writing" class, any interested persons are to contact Fred or Michelle.

Field Bridge: Fred reported 27 licenses have been issued for the field bridge version of TEMSIS.

Item 6. Venues for 2006

March 16	NH Fire Academy
May 18	NH Fire Academy (guest: Bill Brown of National Registry)
July 20	Androscoggin Valley Hospital (Berlin)
Sept 21	Monadnock Community Hospital (Peterborough) <i>*tentative</i>
Nov 16	NH Fire Academy

McVicar said that it is his hope that when visiting sites outside of Concord, the group can hold a town meeting, or devise some other way to meet with local providers, and perhaps the press.

Item 7. Other Business

Prentiss and Blanchard recently met with Dr. Sabato regarding the Immunization Project. (Sabato is the lead physician in this project.) Prentiss reported that Sabato indicated that he did not want EMS Units holding immunization clinics independently from medical oversight or the rest of the medical community, therefore we may need to consider setting prerequisites for the protocol.

David Hogan ask the Board if it was permissible for EMT-Intermediates to carry Intermediate-approved meds in their personal vehicles. Prentiss responding by saying that that procedure is used in some localities. Permission should be within the Medical Resource Hospital Agreement, and not from the State. Medications come from the hospital pharmacy level of authority, and the IV supplies at the Unit level.

ADJOURNMENT

Motion was made by Yanofsky and seconded by D'Aprix to adjourn. Unanimous agreement. Meeting adjourned at 11:35 AM.

NEXT MEETING: March 16, 2006 - 09:00 - NH Fire Academy

Richard M. Flynn Fire Academy, 222 Sheep Davis Road, Concord, NH.
Continental Breakfast at 0830.

Respectfully Submitted,

Suzanne M. Prentiss, Bureau Chief, EMS

(Prepared by Vicki Blanchard, RP)